

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/				
4		/				
5		/			✓	
6		/			✓	
7		/			✓	
8		/			✓	
9		/			✓	
10		/			✓	
11		/			✓	
12		/			✓	
13		/			✓	
14		/			✓	
15		/			✓	
16		/			✓	
17		/			✓	
18		/			✓	
19		/			✓	
20		/			✓	
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38	/	(S)				
39		(S)				
40		(S)				
41		/				
42	/					
43		(D)				
44		(D)				
45		(D)				
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48						
49		(D)				
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CPL-20						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53	1					
54		1				
55		1				
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99						
100						
TOTAL IND.			2	2		
TOTAL DEP.		19	19	19		
TOTAL CLAS-33	55		21	21		